Request for Amendment

ReliaStar Life Insurance Company

A member of the Voya® family of companies

Home and Administrative Office: P.O. Box 20, Minneapolis, MN 55440

Please confirm the following information:

Group Name: **Putnam County Board of Education**
Group Number: **36239-5**
Effective Date of Amendment: **July 1, 2021**

AMD

Amendment:

Increase the Continuation of Life Insurance provision from a 6 month to a 12 month time frame for sickness/injury, including total disability.

Applies to the following product(s)/coverage(s):

Basic Life
Portable Voluntary Life
Portable Voluntary AD&D

Account Number: 0001
Class: All Members

Signature: _____ Date: _____
Derick Austin
Printed Name: _____
Asst. Supt of HR & Operations
Title: _____

Voya Employee Benefits Internal Servicing/Sales Information
Primary Selling Office: **Atlanta**
Primary Servicing Office: **Atlanta**
Primary Sales Representative: **Bob Collins**
Primary Client Representative: **Denise Garner**
Implementation Manager: **NA**